

How to Report Zero CLABSI or CAUTI Events for a Month

In order to fully comply with NHSN and CMS reporting requirements, facilities that include Device-Associated Module surveillance (CLABSI & CAUTI) in their monthly reporting plan must indicate when they have zero infection events to report for each NHSN location and event in the plan for a given month. Doing this provides a “true zero” for your facility. If you do not indicate that your facility identified no CLABSI or CAUTI events in a month, your data will not show up in NHSN’s analysis tool, and it will not be included in data sent to CMS.

The following instructions demonstrate how to indicate that your facility identified no device-associated infections for locations in your monthly reporting plan.

Step 1: Complete monthly reporting for CLABSI and/or CAUTI surveillance

- At the beginning of the month, add the locations and event types (i.e., CLABSI and CAUTI) you plan to follow for that specific month in your monthly reporting plan
- Throughout the month, monitor your patients for infection and report any infection events that take place within locations specified in your monthly reporting plan

Step 2: Enter summary data

- At the end of the month, enter a summary data record for each location specified in your monthly reporting plan
 - Click on ‘Summary Data’ on the left-hand navigation bar
 - Click on ‘Add’ from the drop down menu under ‘Summary Data’
 - Select the correct summary data type for the locations (i.e., “ICU/Other” or NICU) you’re entering denominator/summary data for and then click the ‘Continue’ button
- From this screen, select the location for which you’re entering the denominator/summary data using the drop down menu next to ‘Location Code’
 - Make sure to enter the correct month and year using the drop down menus next to those fields
- After selecting the location code, month, and year, certain fields will become required if you’ve added specific surveillance types to your monthly reporting plan for that location
 - i.e., if you chose to report CAUTIs in your inpatient rehab unit on your monthly reporting plan, total patient days and urinary catheter days would be required fields when entering your summary data
 - Enter your data in the required fields
- If you’ve identified and reported events for all of the locations and event types specified in your monthly reporting plan, you’re finished with your reporting for the month
 - **If you did not have any events to report for one or more locations, continue to step 3: reporting no events**

Step 3a: Reporting no events in ICU or ward locations

- If, at the end of the month, you have 0 events to report, you need to indicate that on the summary data record to be in full compliance with reporting requirements
- For each location with 0 events for the month, check the ‘Report No Events’ box next to the event type you’re reporting
- If you have 0 device days to report for a month, enter “0” into the box for that device. The “Report No Events” box will be checked automatically.



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Logged into Testing Facility (ID 10036) as PAUL.
Facility Testing Facility (ID 10036) is following the PS component.

Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

[HELP](#) [Print PDF Form](#)

Mandatory fields marked with *

Facility ID*: 10036 (Testing Facility)

Location Code*: INCARDCC - IN:ACUTE:CC:C

Month*: January

Year*: 2012

Report No Events

Total Patient Days*: 120

Central Line Days*: 45

Urinary Catheter Days*: 60

Ventilator Days:

CLABSI: ☒

CAUTI: ☒

VAP: ☐

Custom Fields

[Save](#) [Back](#)

- Upon saving, you'll see that the check boxes are replaced with an 'X' to indicate that no events of that event type have occurred in that location

Mandatory fields marked with *

Facility ID*: 10036 (Testing Facility)

Location Code*: INCARDCC - IN:ACUTE:CC:C

Month*: January

Year*: 2012

Report No Events

Total Patient Days*: 120

Central Line Days*: 45

Urinary Catheter Days*: 60

Ventilator Days:

CLABSI: X

CAUTI: X

VAP:



- If there have been events already reported for the specific location, the 'Report No Events' box will be disabled, preventing it from being checked

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**Denominators for Intensive Care Unit (ICU)/
Other locations (not NICU or SCA)**

Mandatory fields marked with *

Facility ID*: 10036 (Testing Facility)

Location Code*: INSURGCC-INACUTE.CC.S

Month*: January

Year*: 2012

Report No Events

Total Patient Days*: 165

Central Line Days*: 70

Urinary Catheter Days*: 85

Ventilator Days*:

CLABSI: ☐

CAUTI: ☒

VAP: ☐

Custom Fields

Save Back

Step 3b: Reporting no events in NICU locations

- Similar to reporting no events in ICU/ward locations, reporting no events in the NICU is done on the summary data screen
- However, because CLABSIs are reported by birthweight for neonatal critical care locations, the facility must report no events by birthweight as well
- For each NICU location, check the 'Report No Events' box for each birthweight in which no events occurred within the given month
 - If there have been events already reported for the specific birthweight, the 'Report No Events' box will be disabled, preventing it from being checked

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Neonatal Intensive Care Unit

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Facility ID*: 10036 (Testing Facility)

Location Code*: INCCNURS - IN:ACUTE:CC:NURS

Month*: January

Year*: 2012

Birth Wt.	Patient Days*	CL Days* No CLABSI	Vent Days	No VAP	UrC Days
<=750	35	28 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
751-1000	40	24 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1001-1500	50	32 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1501-2500	20	8 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>2500	25	10 <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Upon saving, you'll see that the check boxes are replaced with an 'X' to indicate that no events have occurred of that event type in that location

Mandatory fields marked with *

[Print PDF Form](#)

Facility ID*: 10036 (Testing Facility)

Location Code*: INCCNURS - IN:ACUTE:CC:NURS

Month*: January

Year*: 2012

Birth Wt.	Patient Days*	CL Days* No CLABSI	Vent Days	No VAP	UrC Days
<=750	35	28 X			
751-1000	40	24 X			
1001-1500	50	32 X			
1501-2500	20	8 X			
>2500	25	10 X			

***Please note:** If you identify and enter a CLABSI or CAUTI event for a location after you've already checked the 'Report No Events' box, the 'Report No Events' check will automatically be removed in the NHSN database

